

this 3 g. of salt were thrown, and a syringe-ful (20 c.cm.) was injected into one thigh, while stimulation was continued. No result. It was 9.10 a.m. A similar injection was made into the other thigh. After a third injection (60 c.cm. in all) the patient made a little sound ; still the heart gave no sign. A fourth injection was made, after which a little fluttering was felt in the right radial artery ; some facial contractions and a conjunctival reflex appeared, and attempts at inspiration commenced. Very hot coffee, bouillon, and cognac were slowly given by the mouth ; the heart beats could be heard. the breathing became better, the skin warmer. It was a quarter to 10. At 11 a.m. resuscitation was assured. At 3 p.m. the patient could be left. The eventual recovery was satisfactory. The author, in commenting on the case, discusses the part played by the subcutaneous injection of serum, to which he attributes the resuscitation of the patient, for rhythmical traction of the tongue, insufflation of air, and stimulation of reflexes were unavailing until after the injections. He used this method rather than venous transfusion partly because more immediately applicable, partly because salt solution injected under the skin gets mixed with blood before it reaches the heart instead of arriving there as salt solution ; and partly because intravenous injection has too sudden an action, causing sometimes a dangerous reaction and even toxic symptoms.

WHEN MAY WOMEN WITH HEART DISEASE MARRY ?

Kisch discusses this question. He does not agree with Peter's dictum : "*Fille pas de mariage, femme pas de grossesse, mère pas d'allaitement.*" Every case, however, must be decided on its merits. The chief points to be considered are : (1) the kind of heart disease, (2) its duration, (3) the presence or absence of compensation, (4) the general health, (5) the social position of the patient. (a) They may marry if the disease is not of long standing, and compensation is good, and the general health not undermined. They will have during pregnancy, and still more during and for a time after delivery, many troubles due to their heart, but in by far the greater number of cases there will be no danger to life. This applies to well compensated mitral regurgitation, and stenosis, aortic regurgitation, fairly marked sequelæ of pericarditis, and to muscular degeneration if not too far advanced. The patients must also be in a position to spare themselves bodily exertion as much as possible during pregnancy, to avoid mental excitement, and to have constant medical supervision. (b) The prognosis is not so good if the patients are very anæmic or nervous, or advanced in years, or if the